



# Miracle League of Central Missouri 2016



Games are on Friday evenings starting at 6:30 pm May 6 - June 17.

Games are played on Wisch, Williams, and Kremer  
fields at Binder Sports Complex.

An end-of-the-season BBQ will be held in June.



## Non-Competitive Baseball for Kids with Special Needs

Jefferson City Parks and Recreation and the Jefferson City Evening Lions are hosting a non-competitive baseball league in 2016 for area school-aged children with physical and developmental disabilities or other conditions that keep them from participating in other baseball leagues.

Every child bats and fields each inning, with help from a "baseball buddy" that is provided to help him/her.

This league is designed to help every child be successful and have fun, no matter his/her ability!

## Parent / Guardian Involvement

Because of the special needs of many of our participants, we require that a parent, guardian, or responsible adult remain in attendance with the participant. While you are not expected to assist with running the program, we may need to consult with you if medical or behavioral issues arise.

## Volunteers Needed

The success of the program is dependent upon help from a large number of volunteers. Baseball buddies can be individuals or whole groups. Volunteering consists of helping a child with catching, throwing, batting, and rounding the bases during the game.

You can volunteer for one or all games, depending upon your availability.

**EARLY BIRD REGISTRATION: FEB 17 - MAR 2: \$25**

**REGULAR REGISTRATION: MAR 3 - 16: \$30**

Registrations received after 5:00 p.m., March 16, 2016 are not guaranteed placement on a team.

## Participant Information:

Name: (last) \_\_\_\_\_, (first) \_\_\_\_\_, (Gender) \_\_\_\_\_

Grade in Fall 2016: \_\_\_\_\_ Age as of January 1, 2016: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Shirt Size - Circle One: (Youth) 6/8 10/12 14/16 (Adult) S M L XL XXL

## Parent/Guardian Information:

Primary: (Full Name) \_\_\_\_\_ Household Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Secondary: (Full Name) \_\_\_\_\_ Secondary Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

**HELP! Would you like to be a VOLUNTEER?: YES NO**

For more information, contact Missy Morarity at 573-634-6563 or [mmorarity@jeffcitymo.org](mailto:mmorarity@jeffcitymo.org).

| Activity # | Age         | Night  | Time      | Games | Fee  |
|------------|-------------|--------|-----------|-------|------|
| 501391-00  | School-aged | Friday | 6:30 p.m. | 6     | \$25 |

**\*\*PLEASE COMPLETE QUESTIONNAIRE ON BACK OF FORM!!\*\***

**WE'RE GOING PAPERLESS!**

**MARK HERE IF YOU DO NOT WISH TO RECEIVE PROGRAM/RECEIPT INFORMATION THROUGH EMAIL.**

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Payment Method:

Mail or drop-off payment **AND** this form to: Jefferson City Parks and Recreation, 427 Monroe St., JC, MO 65101

Cash: (enclosed) \_\_\_\_\_

**OR** Fax form along with payment information to: (573) 634-6489

Check: (enclosed) \_\_\_\_\_

Credit Card: Type: \_\_\_\_\_ (MC, VISA, or DISCOVER)

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_

The undersigned releases the Jefferson City Parks and Recreation Commission, the Jefferson City Department of Parks and Recreation and its staff, the City of Jefferson, and activity co-sponsors from all liability. Any falsification on registration information will result in dismissal from the program with no refund allowed. The Department of Parks and Recreation has my permission, both during and anytime after to use the likeness, name, voice, or words of the participant in either television, radio, film, newspapers, and the media, and in any form for the purpose of advertising or communicating the purposes and activities of the Department of Parks and Recreation.

Participant (if 18 or older) or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_